

United States District Court

DISTRICT OF Massachusetts

Paul Antonellis, Jr.

SUMMONS IN A CIVIL CASE

v.

CASE NUMBER:

Town of Salisbury

04 11678 WGY

Timothy McInerney

TO: (Name and address of defendant)

Town of Salisbury

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

Robert Walker

WALKER AND ASSOCIATES
ATTORNEYS AT LAW
96 COMMONWEALTH AVENUE
CONCORD, MASSACHUSETTS 01742

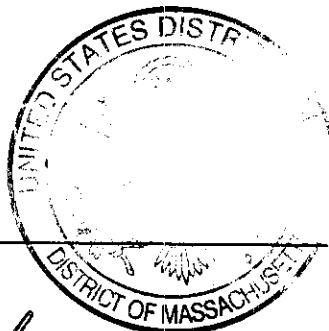
an answer to the complaint which is herewith served upon you, within 20 days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

TONY ANASTAS

CLERK

JUL 29 2004

DATE



(BY) DEPUTY CLERK

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF

Paul Antonellis, Jr.

COURT CASE NUMBER

04-11678 WGY

DEFENDANT

Town of Salisbury

TYPE OF PROCESS

Summons & Complaint

SERVE

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

Neil Harrington, Town Manager

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

5 Beach Road, Salisbury, MA 01952

AT

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Robert Walker
Walker & Associates
96 Commonwealth Avenue
Concord, MA 01742Number of process to be
served with this Form - 285

1

Number of parties to be
served in this case

2

Check for service
on U.S.A.SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All
Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

Mr. Harrington can be served during normal business hours,
Monday through Friday. His telephone number is (978) 465-2310.

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

(978) 371-9222

DATE

8-12-04

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINEI acknowledge receipt for the total
number of process indicated.
(Sign only first USM 285 if more
than one USM 285 is submitted)

Total Process

1

District
of Origin

No. 38

District
to Serve

No. 38

Signature of Authorized USMS Deputy or Clerk

Nancy Salas

Date

8/16/04

I hereby certify and return that ☒ I have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described
on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and dis-
cretion then residing in the defendant's
usual place of abode.

Address (complete only if different than shown above)

Date of Service

8/19/04

Time

am

pm

Signature of U.S. Marshal or Deputy

[Signature]

Service Fee

Total Mileage Charges
(including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal or

Amount of Refund

REMARKS: